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TRANSMITTAL FORM

Application Serial Number	10/618,092
Filing Date	July 11, 2003
First Named Inventor	Lieblich
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	RFS-001
Patent No.	Not applicable
Issue Date	Not applicable

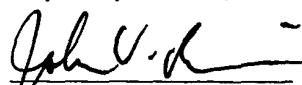
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program	Letter to Commissioner for Patents
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Amendment After Allowance	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

CORRESPONDENCE ADDRESS

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 125 High Street
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SIGNATURE BLOCK

Respectfully submitted,

 Date: July 24, 2003
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 Tel. No.: (617) 248-7870
 Fax No.: (617) 248-7100

John V. Bianco
 Attorney for Applicant(s)
 Testa, Hurwitz & Thibeault, LLP
 High Street Tower
 125 High Street
 Boston, MA 02110



PATENT
Attorney Docket No. RFS-001
(9521/4)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Lieblich et al.
SERIAL NO.: 10/618,092 GROUP NO.: Not yet assigned
FILING DATE: July 11, 2003 EXAMINER: Not yet assigned
TITLE: DISTRIBUTED COMPUTER MONITORING SYSTEM AND
METHODS FOR AUTONOMOUS COMPUTER MANAGEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Letter to Commissioner for Patents

Sir:

Enclosed is a check in the amount of \$483.00 for the payment of the filing fee for the above-referenced non-provisional patent application.

Please charge Deposit Account No. 20-0531 for any additional fees that may be due in this matter.

Respectfully submitted,

John V. Bianco
Attorney for Applicants
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High Street Tower
125 High Street
Boston, Massachusetts 02110

Date: July 24, 2003
Reg. No. 36,748

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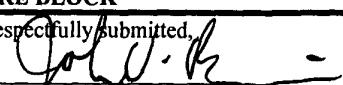
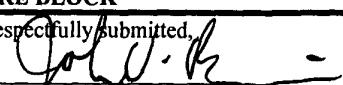
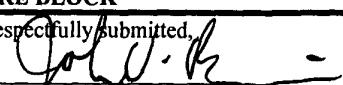
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01 FC:2001 375.00 0P
02 FC:2202 108.00 0P


FEE TRANSMITTAL
FY 2003

Complete if Known	
Application Serial Number	10/618,092
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METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																																										
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ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>130</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>50</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>130</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>2,520</td><td>2,520</td><td>Request for ex parte reexamination</td><td></td></tr> <tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>410</td><td>205</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>930</td><td>465</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1450</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1970</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>180</td><td>180</td><td>Submission of Information Disclosure Statement</td><td></td></tr> <tr><td>750</td><td>375</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>Total Claims</td><td>32</td><td>- 20 = <u>12</u></td><td>x \$ 18.00 = 216.00</td><td>750</td></tr> <tr><td>Independent Claims</td><td>3</td><td>- 3 = <u>0</u></td><td>x \$ 84.00 = 0.00</td><td>100</td></tr> <tr><td colspan="2"><input type="checkbox"/> Multiple Dependent Claim(s), if any</td><td colspan="2">\$280.00 =</td><td>110</td></tr> <tr> <td colspan="2"></td> <td colspan="2">TOTAL: 966.00</td> <td>Other fee (Specify)</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">SMALL ENTITY DISCOUNT: 483.00</td> <td>Other fee (Specify)</td> </tr> <tr> <td colspan="2"></td> <td>SUBTOTAL (1)</td> <td>(\$)</td> <td>483.00</td> </tr> <tr> <th colspan="5">2. AMENDMENT CLAIM FEES</th> </tr> <tr> <td>Claims Remaining</td> <td>Highest No. Previously</td> <td>Present Extra</td> <td>Rate</td> <td>Fee Paid</td> </tr> <tr> <td>After Amend.</td> <td>Paid For</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 18.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$ 84.00 =</td> <td></td> </tr> <tr> <td colspan="2"><input type="checkbox"/> First Presentation of Multiple Dep. 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No.: 36,748 Tel. 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